MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 104 — 63-039709 STATE FILE NUMBER

FILED OCT 29 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Howard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette
Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Keller Memorial
Inside Limits: Yes XX No ☐
d. STREET ADDRESS (If outside, give location) 106 Boggs Street
Reside on Farm: Yes ☐ No XX

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Howard
c. CITY OR TOWN New Franklin,
Inside Limits: Yes XX No ☐

3. NAME OF DECEASED (Type or print): First Leslie Middle Frank Last SMITH
4. DATE OF DEATH: Month Oct. Day 22, Year 1963
5. SEX: Male
6. COLOR OR RACE: White
7. Married XX Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Nov.6,1893
9. AGE (last birthday): 69
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (City and state or country): Tipton, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Pete P. Smith
13b. MOTHER'S MAIDEN NAME: Georgia Ann Gilbert
14. NAME OF HUSBAND OR WIFE: Effie L. Ross
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): War I
16. SOCIAL SECURITY NO.:
17. INFORMANT Address: Mrs. Effie Ross Smith New Franklin

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Emphysema
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chr Obstructive Bronchitis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 2yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day,. Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1964 to 10/22/1963 and last saw her/him alive on 10/22/63.
Death occurred at 9 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M.P. Lewis Md
22b. ADDRESS: Fayette Mo
22c. DATE SIGNED: 10-25-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Oct.25,1963
23c. NAME OF CEMETERY OR CREMATORY: Walnut Grove Cem.
23d. LOCATION (City, town, or county) (State): Boonville, Missouri

24. FUNERAL DIRECTOR ADDRESS: Markland Funeral Home New Franklin, Missouri
25. DATE RECD. BY LOCAL REG.: 10-25-63
26. REGISTRAR'S SIGNATURE: Katherine Welch

(Licensed Embalmer's Statement on Reverse Side)

OCT 30 1963

Burnett Funeral 10-25-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student._____
Signature of Student Embalmer

Signed Tom D. Markland

Licensed Embalmer No. 4592

P. O. Address New Franklin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.